

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Felton et al.

Application No.: 10/002,953

Date Filed: 10/23/2001

For: MEMS Capping Method and Apparatus

Group No.: 1763 Examiner: Culbert, R.

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

**2.** Applicant is other than a small entity.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

# CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)		(C	col. 3)	OTHER THAN A SMALL ENTITY					
	CLAIMS		•								
	REMAINING	HIGH	EST NO.								
	AFTER	PREV	IOUSLY	PRI	ESENT					ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE				FEE	
TOTAL	14	<b></b>	20	=	0	X	\$	18.00	=	\$	0.00
INDEP.	1		3		0	х	\$	86.00	=	\$	0.00
								***Multi			
								dependent			
								claim			
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +							\$	CO***	=	\$	0.00
		· ·						TOTAL			
							Α	DDIT. FEE		\$	0.00

No additional fee for claims is required.

# FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 19-4972.

If an additional fee for claims is required, charge Account No. 19-4972.

Date: September 1, 2004

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